(Insert Medicaid, CHIP, or Both) State: Medicaid & CHIP Delaware

Section A. Verification Procedures for Factors of Eligibility

	Section A. Ve	erification P	rocedures	s for Factors of Eligibility				
Eligibility Factor	Accepted without Additional	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	c Data Source Used	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	Explanation from the	Paper Documentati on Required from the Individual (Y/N)	Comments
Income*	NO	YES	YES	Both are above, at or below the applicable income standard. Percent Threshold	10%	YES	YES	State accepts self attestion with Post Eligibility Verification for individuals not currently enrolled in SNAP/TANF/State General Assistance/Childcare Subsidy. For individuals not currently enrolled in SNAP/TANF/State General Assistance/Childcare Subsidy, post-eligibility verification takes place within 30 days of enrollment. State resolves inconsistencies at that time. For individuals enrolled in SNAP/TANF/State General Assistance/Childcare Subsidy, verification takes place at application. State resolves inconsistencies at that time. SSA data is used through the Hub at application. If individual only attests to Title II income, verification and resolution of inconsistencies will take place at that time. If individual has earned income, in addition to Title II, data will be used within 30 days of enrollment and matched with earned income data sources. If reported income is below the applicable standard but the data source indicates income above the applicable standard, if the difference between the two is 10% or less than that is considered reasonably compatible. If the difference is more than 10%, reasonable explanation will be requested. Paper documentation will be requested only if unable to resolve with reasonable explanation. If an individual attests to income above the applicable standard and the data source(s) indicates income below the standard, the State will take the client's attestation and make the person ineligible and refer the client to the FFM to screen for APTC (Advance Premium Tax Credits).
Residency	YES	NO	NO	N/A	N/A	NO	NO	
Age (Date of Birth)	YES	NO		N/A	N/A	NO	NO	
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Except for an individual who is not eligible to receive a SSN, may only be issued a SSN for a valid non-work reason, or refuses to obtain a SSN because of a well-established religious objection. State will request paper documentation if unable to resolve through the data source.

Eligibility Factor	Accepted	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electroni c Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibili ty Standard for Income	Explanation from the	Paper Documentati on Required from the Individual (Y/N)	Comments
Citizenship **	NO	NO	YES	N/A	N/A	N/A		If citizenship cannot be verified via the Federal Hub, provide a 90-day reasonable opportunity period to permit the State to check vital statistics or the individual to provide other documentation of citizenship and furnish Medicaid or CHIP during that time period to an otherwise eligible individual. The reasonable opportunity period will be extended beyond 90 days if the individual is making a good faith effort to obtain the documentation.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	If immigration status cannot be verified via the Federal Hub, provide a 90-day reasonable opportunity period to permit the individual to provide other documentation of immigration status and furnish Medicaid or CHIP during that time period to an otherwise eligible individual. The reasonable opportunity period will be extended beyond 90 days if the individual is making a good faith effort to obtain the documentation.
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO		N/A	N/A	NO	NO	
Medicare	NO	YES	YES	N/A	N/A	YES	YES	If a discrepancy exists between the self-attestation and the data source, will ask for a reasonable explanation. If discrepancy cannot be resolved, state will request paper documentation.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								
			L					

States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

^{**} States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

^{***} States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

Delaware

State:

Section B1. Use of Electronic Data Sources

Financial:	Section B1. 0	se of Lie	ectronic D	ata Jour	ces							
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments	Data Source Used at Applicati on (Y/N)	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	
1. Internal Revenue Service (IRS)												This data source is determined not useful due to burdensome security requirements and related costs.
	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Hub data used at application. If individual only attested to Title II, inconsistencies will be resolved at application. If individual has earned income as well, data will be used within 30 days after application and matched with earned income data sources. Used annually for COLA. Used through the Hub at renewal and through current data match with SSA to obtain COLA updates. Current data source will be used post enrollment as indicated in the preceding column.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Monthly	SWICA is updated quarterly but will be checked on a monthly basis.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Monthly	
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Electronic data source not used since the State Supplement is for ABD clients who are not subject to MAGI.
6. State General Assistance Programs	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used at application for individuals currently enrolled in the program. Used post enrollment as needed. Will use raw data to obtain state wage information.

		red	ered	Considered	ered	idered	ed (Y/N) Comments	Data	Data	Data	If Data Source Used for Post-	
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Cons (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Commer	Source	Source	l Used	Enrollment -	Comments
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used at application for individuals currently enrolled in the program. Used post enrollment as needed. Will use raw data to obtain state wage information.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used at application for individuals currently enrolled in the program. Used post enrollment as needed. Will use raw data to obtain state wage information.
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Electronic Data source not used since child support is excluded under MAGI.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Electronic data source not used since it is not useful due to age and related costs.
11. Commercial database: (Pease describe any commercial databases in the space below)												
TALX	YES	YES	YES	YES	YES	YES	NO	NO	YES	YES	Monthly	TALX data checked through the Hub within 30 days of enrollment.
12. Other: (Please describe any additional electronic data sources in the space below)					<u> </u>				<u> </u>			
Child Care Subsidy	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used at application for individuals currently enrolled in the program. Used post enrollment as needed. Will use raw data to obtain state wage information.
1. The state marked any criterion YE	ES if they were	e conside	red in de	eterminir	ng the us	sefulnes	s of the e	electronic d	ata sourc	ce; howeve	r, the determina	tion of whether the data source was useful/not useful did not rest solely on these criteria.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State: Delaware

Section B2. Use of Electronic Data Sources

Non-Financial:

NOH-FIHAHCIAL																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
Social Security Administration (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	YES	YES	Monthly	Used as needed at renewal and post- enrollment for Medicare. If a discrepancy is identified through other means, SSA can be used to verify Age/DOB. May verify the SSN of a deemed newborn at renewal. The State receives Medicare data monthly via the CMS MMA file.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Used as needed at renewal for status change and the 5 year bar.

Electronic Data Source	To Be Used	Security Number	Citizenship	mmigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	or other Benefits	Other	Data Source Used at Applicatio	Data Source Used at	Data Source Used Post Enrollme	If Used for Post- Enrollment Frequency	Comments
	(Y/N)	Social Sec	Citi	Immigr	Re	Ag	Pre	Househol	Careta	Σ	Application for other		n (Y/N)	Renewal (Y/N)	nt (Y/N)	Used (i.e. monthly, quarterly)	
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Can be utilized as a backup source for citizenship if inconsistency with SSA. There is no automatic access to vital statistics- it is a manual process.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Can be utilized as a source if the state is made aware of information that requires verfication of residency.
5. Temporary Assistance for Needy Families (TANF)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source can be used, if needed, for Residency, Caretaker Relative, Household Comp.
 Supplemental Nutrition Assistance Program (SNAP) 	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source can be used, if needed, for Residency, Caretaker Relative, Household Comp.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Other (specify in comments)	As reported. Cooperation with medical support.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
8. State General		0,						Τ.			Арр						Data source can be used, if needed, for
Assistance Programs	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Residency, Caretaker Relative, Household Comp.
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: (Please describe any commercial databases in the space below)																	
12. Other: (Please describe additional electronic data sources in the space provided below)																	

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
12.2. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		,	As needed Can be utilized as a source if the state is made aware of information that requires verfication of residency. Utilized for interstate benefits.
12.3. Child Care Subsidy	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source can be used, if needed, for Residency, Caretaker Relative, Household Comp.

^{*} Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information.

If used for other purposes, please indicate in Section D.

(Insert Medicaid, CHIP, or Both) Med

Medicaid & CHIP

State:

Delaware

Section C . Additional Factors of Eligibility for Separate CHIP

	Section C. Add	artional ractors (of Englotticy for	separate erm		
Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
1. Applicant does not have other coverage	NO	YES	YES	NO	Must be Applied	The Medicaid Expansion program allows children to have other insurance. Delaware's expansion covers pregnant women and infants up to 200% FPL. However, for the individuals that are covered from 186% to 200% of FPL, claims cannot be filed. To be clear, we do not cover Pregnant Women under our CHIP State Plan.
Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)	NO	YES	YES	YES		Conduct monthly data exchanges with insurance carriers to identify other coverage and monthly data exchanges with CMS for Medicare enrollment. If there is a discrepancy between the application and data source and are unable to verify through reasonable explanation, state will request paper documentation as a last resort. Verification occurs post-enrollment on a monthly basis and applies to all applicant.
4. Access to public employee coverage	YES	NO	NO	NO		
5a. Waiting period exception #1 (describe):	YES	NO	NO	NO		death of parent

Eligibility Factor Attestation Accepted without Accepted without Accepted with Original Verification Accepted without Additional Verification YES NO NO NO NO NO NO NO NO NO N				-	_	-	
#2 (describe): Sc. Waiting period exception #3 (describe): Sc. Waiting period exception #4 (describe): Sc. Waiting period exception #4 (describe): Sc. Waiting period exception #5 (describe): Sc. Waiting period exception #5 (describe): Sc. Waiting period exception #5 (describe): Sc. Waiting period exception #6 (describe): Sc. W	Eligibility Factor	Attestation Accepted without Additional	Attestation Accepted with Post- Enrollment Verification	Data Source Used (Y/N) If Yes, please describe in	Documentatio n Required from the Individual	Applicabl	Comments
#3 (describe): Sd. Waiting period exception #4 (describe): Se. Waiting period exception #5 (describe): Sf. Waiting period exception #6 (describe): Sf. Waiting period exception #7 (describe): Sf. Waiting period exception #8 (describe): Sf. Waiting period exception #6 (describe): Sf. Waiting period exception #7 (describe): Sf. Waiting period exception #8 (describe): Sf. Waiting period exception #9 (describe): Sf. Waiting period exception #9 (describe): Sf. Waiting period exception #10 (describe): Sf. Waiting period e		YES	NO	NO	NO		disability of parent
#4 (describe): Se. Waiting period exception #5 (describe): YES NO		YES	NO	NO	NO		termination of employment
#5 (describe): YES NO NO NO NO network is not available within the county in which the family resides #6 (describe): YES NO NO NO NO NO NO NO NO NO N	_ ·	YES	NO	NO	NO		change to a new employer who does not cover dependents
#6 (describe): 5g. Waiting period exception #7 (describe): 5h. Waiting period exception #8 (describe): 5i. Waiting period exception #9 (describe): 5j. Waiting period exception #10 (describe): 6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the		YES	NO	NO	NO		change of address so that employer-sponsored coverage is not available - the provider service network is not available within the county in which the family resides
#7 (describe): 5h. Waiting period exception #8 (describe): 5i. Waiting period exception #9 (describe): 5j. Waiting period exception #10 (describe): 6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the		YES	NO	NO	NO		expiration of the coverage periods established by COBRA
#8 (describe): 5i. Waiting period exception #9 (describe): 5j. Waiting period exception #10 (describe): 6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the		YES	NO	NO	NO		employer terminating health coverage as a benefit for all employees
#9 (describe): 5j. Waiting period exception #10 (describe): 6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the						N/A	
#10 (describe): 6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the						N/A	
exceptions to eligibility factors: (Please describe in the	#10 (describe):					N/A	
	exceptions to eligibility factors: (Please describe in the						

MAGI-BA	ASED ELIGIBILITY VERIFICATION PLAN	
(Insert N	ledicaid, CHIP, or Both)	Medicaid & CHIP
State:		Delaware
	Section D. Additional Verification Questions Question If paper documentation is required when a data source is not available or the information obtained from a data source is not	Response State accepts self-attestation without additional verification for many factors of eligibility. For those that it doesn't, the state uses all available electronic
1		data sources, including vital statistics as a back-up for citizenship, and in some cases asks for a reasonable explanation before asking for paper documentation. Paper documentation is to be used in circumstances involving self-employment, out-of-state employment, or lack of SSN, etc where no electronic data source is available to verify the information.
2	Please describe how the state uses PARIS?	Used for interstate benefit information and can be utilized for verification of residency as needed.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	

	Question	Response
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	N/A

Section A. Additional Comments
Exception for Special Circumstances as required under 435.952: The State will permit on a case by case basis, self-attestation of individuals for all eligibility criteria when documentation does not
exist at the time of application or is not reasonably available, such as for individuals who are homeless, have experienced domestic violence, or have experienced a natural disaster.
Section B1. Additional Comments
Section B2. Additional Comments
Section C. Additional Comments
Monthly data exchange with insurance carriers and monthly data exchange with CMS for Medicare enrollment.